

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51	1		
2	1	1				52	1		
3	1		1			53	1		
4	1		1			54	1		
5	1					55	1		
6	1					56	1		
7	1					57	1		
8	1					58	1		
9	1					59	1		
10	1		1			60	1		
11	1		1			61	1		
12	1		1			62	1		
13	1		1			63	1		
14	1		1			64	1		
15	1		1			65	1		
16	1		1			66	1		
17	1		1			67	1		
18	1		1			68	1		
19	1		1			69	1		
20	1		1			70	1		
21	1		1			71	1		
22	1					72	1		
23	1					73	1		
24	1					74	1		
25	1					75	1		
26	1					76	1		
27	1					77	1		
28	1					78	1		
29	1					79	1		
30	1					80	1		
31	1					81	1		
32	1					82	1		
33	1					83	1		
34	1					84			
35	1					85			
36	1					86			
37	1					87			
38	1					88			
39	1					89			
40	1					90			
41	1					91			
42	1					92			
43	1					93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48	1					98			
49	1					99			
50	1					100			
TOTAL IND.	4		1			TOTAL IND.			
TOTAL DEP.	17	1	14	1		TOTAL DEP.	1	1	
TOTAL CLAIMS	71		16			TOTAL CLAIMS			